

Please return this form to:
Department of Labor and Industries
Elevator Section
PO Box 44480
Olympia WA 98504-4480
Phone: (360) 902-6130
FAX (360) 902-6132
www.Lni.wa.gov/TradesLicensing/Elevators



ELEVATOR INFORMATION UPDATE

We require this information before processing any changes to the ownership, physical or mailing address.

LOCATION INFORMATION

Name of Building	
Building's Physical Address	
Contact Name (at the building)	Phone Number (at the building)

OWNER/ MANAGER INFORMATION

Owner/Manager Name		Management Company Name	
Mailing Address (for ALL mail regarding this conveyance)			
Contact Name	Contact Phone Number	Contact Fax Number	

Person Requesting Change

Date	Print Name	Signature
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CONVEYANCE #
